



**City of Flagstaff - Sales Tax Division**  
211 West Aspen Ave.  
Flagstaff, AZ 86001  
www.flagstaff.az.gov  
Phone: (928) 213-2250 Fax: (928) 213-2209  
E-mail: SalesTax@flagstaffaz.gov

# City of Flagstaff

## Transaction Privilege (Sales) Tax Return

Account Name:		
Account #	Report Period	Delinquency Date
Return is due on the 20th of the month. Delinquent if not paid by the last business day of the month.		

Business Name

Attention

Mailing Address

City/State/Zip

Return this form with your remittance to:

CITY OF FLAGSTAFF  
PO BOX 22518  
FLAGSTAFF AZ 86002-2518

Place a check here and sign at the bottom if you do not have taxes to report and remit.	<input type="checkbox"/>
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Line	Tax Description	Tax Type	Column 1 Gross Income	Column 2 (From Schedule A) – Deductions	Column 3 = Taxable Income	Column 4 X Tax Rate	Column 5 = Tax Due
1							
2							
3							
4							
5							
6							
7	Subtotal (Add Column 5, lines 1 through 6)						
8	Enter Total Excess City Tax Collected					Plus (+)	
9	Total Tax Due (Add Column 5, lines 7 & 8)					Equals (=)	
10	Penalty and Interest (See Instructions on Back of Form) or Outstanding Balance					Plus (+)	
11	Enter Net Amount Due					Equals (=)	
12	Enter Total Credit Balance to be Applied					Minus(-)	
13	Enter Total Amount Paid					Equals (=)	

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

_____ Taxpayer / Preparer Signature	_____ Date
_____ Print Name	_____ Phone #

To cancel your license or to make any changes to your account, check the box and complete the back of this form.	<input type="checkbox"/>
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**A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID**  
Return original with remittance to the address above.  
Please make check payable to: **CITY OF FLAGSTAFF**  
**Please DO NOT mail cash.**

Account			Effective Date of Change:		
My business name has changed to:					
My business has moved to:					
My mailing address has changed to:					
My new location is rented.	Landlord name:			Landlord number:	
	Landlord mailing address:				
My phone number changed.	New business phone number:		New mailing phone number:		
Please send a new license application for the following reason:		® The ownership of my business has changed to: _____			
		® I have another location in Flagstaff: _____			
Please cancel my license for the reason noted:					